comparison; switching to oral analgesia (p=0.344), removal of catheter (p=0.739), post op mobilisation (0.795), re-admission rate (p=0.577) post-operative complications, 32% vs 47 (p=0.223) and length of hospital stay; 7 vs 8 days (p=0.183).
Conclusions: This study supports the inclusion of older patients in ERAS programme in elective colorectal surgery.

0528: THE INFLUENCE OF SURGICAL SPECIALISATION ON SHORT AND LONGER-TERM SURVIVAL FOLLOWING SURGERY FOR COLON CANCER

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Introduction: To examine short and longer-term outcomes after colon cancer surgery performed by specialist colorectal surgeons compared to non-specialists.
Methods: Patients undergoing surgery for colon cancer in 16 hospitals from 2001-2004 were identified from a prospectively maintained regional audit database. Patients were identified as having surgery under the care of a specialist or non-specialist. Post-operative mortality (<30-days) and 5-year relative survival rates were compared.
Results: A total of 2618 patients were included, of which, 1724 (65.9%) were treated by a specialist and 894 (34.2%) by a non-specialist surgeon. Patients undergoing surgery by a specialist were more likely to be deprived, present electively, have more Stage I tumours, undergo surgery with curative intent and have ≥12 lymph nodes examined than those treated by a non-specialist surgeon. Post-operative mortality was lower (7.0% vs. 11.4%; P<0.001) and 5-year relative survival was higher (65.0% vs. 52.1%; P<0.001) among those treated by a specialist surgeon. In multivariate analysis, surgery by non-specialists was independently associated with increased post-operative mortality (adjusted OR 1.39 (95%CI 1.02-1.90; P=0.036)) and poorer 5-year relative survival (adjusted RER 1.17 (95%CI 1.01-1.36; P=0.035)).
Conclusions: Short and longer-term survival after surgery for colon cancer was higher in those treated by specialist colorectal surgeons compared to non-specialists.

0534: HALO – EARLY REVIEW OF PATIENT SATISFACTION

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Introduction: To assess patient satisfaction following Haemorrhoidal arterial ligation operation (HALO).
Methods: All patients who underwent HALO between November 2012 and October 2013 in our institution were identified. Patients were asked to complete a telephone questionnaire in January 2014 on pre-operative symptoms, post-operative recovery and satisfaction with outcome.
Results: Of the 25 patients identified 21 (12 female, median age 52, (range 31-75)) were available to complete the questionnaire. Pre-operative symptoms included bleeding (95%), prolapse (62%), anal pain (57%) and pain on defaecation (57%).
Post-operatively medication included analgesia (100%), metronidazole (62%), lactulose (81%) and rectogesic ointment (24%). One patient required 24 hours catheterisation for retention and two patients required admission for treatment of sepsis.
All patients reported a longer than expected time to return to normal activities, however median time was 3 weeks, (range 1-10 weeks). All patients described improvement in symptoms and between 70-92% described complete improvement in specific symptoms. Two patients reported recurrence with one requiring a further procedure.
All patients reported improvement in quality of life (71% complete improvement). 100% of patients would recommend the procedure but requested more detailed information of post-operative symptoms and recovery.
Conclusions: HALO results in a high level of patient satisfaction. Recovery time is longer than previously suggested.

0537: ONE-YEAR NEGATIVE APPENDICECTOMY RATE AT A DISTRICT GENERAL HOSPITAL

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Introduction: There is no defined 'acceptable' negative appendicectomy rate (NAR) in the UK. Previous studies indicate a NAR to be 12-34%. Despite advances in radiology and predictive scoring systems, appendicitis remains a clinical diagnosis but inevitably some patients will have an entirely normal appendix removed. We sought to define and compare our local practice.
Methods: A one year retrospective observational study was performed in our institution on all appendectomies performed on an emergency basis. Cases were identified with the hospital electronic theatre record system and histopathology reports were retrieved and analysed.
Results: 390 patients were identified over a one year period. 127 patients' appendices were found to be histopathologically normal, giving a NAR of 32.6%. Within this group, 19 patients (15%) had a re-admission within six months to hospital. Fisher's exact test was used to compare our NAR to a recent large published series in 2013 (p=0.711).
Conclusions: Our negative appendicectomy rate is comparable to those previously published however, with a higher than expected re-admission rate (15%). Practice amongst our institutions' surgeons is to remove the appendix should no other pathology be identifiable at laparoscopy or open exploration. Re-admission rates may put this practice into question.

0566: INTRODUCTION OF A DESIGNATED ERAS NURSE STILL HAS VITAL ROLE IN IMPROVING OUTCOMES

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Introduction: In ERAS accelerated care pathways are delivered using a multidisciplinary approach however the role of designated ERAS nurse has not been analysed. The aim of this study was to compare outcomes prior to and after introduction of ERAS nurse.
Methods: This was an observational study performed at one colorectal unit. Initially there was no designated nurse to monitor ERAS protocols. From June2013 a designated full time ERAS nurse was introduced. Two sets of data were compared;
Group 1 (Pre-ERAS nurse); March-May 2013 (3months),
Group 2 (Post-ERAS nurse); June-October 2013 (5months).
Results: A total of 100 consecutive patients were analysed. Group 1; 36 patients; Group 2; 64 patients. Mean ages were: Overall; 62 (range:20-93) years, Group 1; 66 (range:44-93) years and Group 2; 59 (20-82) years. Median length of stay was: Overall; 8 (range3-36) days, Group 1; 9 (range3-36) days and Group 2; 8 (range3-25) days. Re-admission rate was 8% (n=3) in Group 1 and in Group 2 it was 4.7% (n=3). Data collection was superior in Group 2; number of variables (9 vs 22) and fully completed data (44% vs 98%).
Conclusions: In an established programme of ERAS, introduction of a designated ERAS nurse has very important role, in addition to optimising data collection it also reduces re-admission rate and potentially reduces cost.

0571: COMPARING THE CORRELATION OF FAECAL CALPROTECTIN AND MRI ENTEROGRAPHY IN ASSESSING DISEASE ACTIVITY IN PATIENTS WITH SUSPECTED INFLAMMATORY BOWEL DISEASE

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Introduction: To assess the diagnostic accuracy of a raised faecal calprotectin by comparing it with MRI enterography findings to assess if there is a correlation between the two in patients with known/suspected inflammatory bowel disease.
Methods: In this retrospective study we looked at consecutive patients who had faecal calprotectin tests and MRI enterography for gastrointestinal symptoms between the period of September 2011 and August 2013. Severity of bowel wall inflammation was assessed by noting the presence, degree and length of inflammation. We also assessed wall thickness, transmural thickness and presence of structuring, mesenteric oedema and fistula formation. This was graded between 0 to 3 (0= absent, 1= mild, 2= moderate, 3=severe)
Results: In total there were 363 number of patients who had a faecal calprotectin test, out of which only 27 patients had been investigated with MRI enterography, 55.6% (13/27) of the patients testing positive had an organic diagnosis on further investigation. In the patients who were investigated with an MRI enterography 18.5% (5/27) of patients had severe bowel inflammation (grade 3) which corresponded to a mean faecal calprotectin of >300 μg/g.